



General Assembly

Amendment

February Session, 2016

LCO No. 5020



Offered by:

SEN. GERRATANA, 6th Dist.

REP. RITTER M., 1st Dist.

To: Subst. Senate Bill No. **289**

File No. 508

Cal. No. 333

"AN ACT CONCERNING HEALTH CARE SERVICES."

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective from passage*) The Lieutenant Governor
4 shall, within existing resources, designate an individual to serve as
5 Health Information Technology Officer. The Health Information
6 Technology Officer shall be responsible for coordinating all state
7 health information technology initiatives and may seek private and
8 federal funds for staffing to support such initiatives.

9 Sec. 502. Section 17b-59a of the 2016 supplement to the general
10 statutes is repealed and the following is substituted in lieu thereof
11 (*Effective from passage*):

12 (a) As used in this section:

13 (1) "Electronic health information system" means an information

14 processing system, involving both computer hardware and software
15 that deals with the storage, retrieval, sharing and use of health care
16 information, data and knowledge for communication and decision
17 making, and includes: (A) An electronic health record that provides
18 access in real time to a patient's complete medical record; (B) a
19 personal health record through which an individual, and anyone
20 authorized by such individual, can maintain and manage such
21 individual's health information; (C) computerized order entry
22 technology that permits a health care provider to order diagnostic and
23 treatment services, including prescription drugs electronically; (D)
24 electronic alerts and reminders to health care providers to improve
25 compliance with best practices, promote regular screenings and other
26 preventive practices, and facilitate diagnoses and treatments; (E) error
27 notification procedures that generate a warning if an order is entered
28 that is likely to lead to a significant adverse outcome for a patient; and
29 (F) tools to allow for the collection, analysis and reporting of data on
30 adverse events, near misses, the quality and efficiency of care, patient
31 satisfaction and other healthcare-related performance measures.

32 (2) "Interoperability" means the ability of two or more systems or
33 components to exchange information and to use the information that
34 has been exchanged and includes: (A) The capacity to physically
35 connect to a network for the purpose of exchanging data with other
36 users; and (B) the capacity of a connected user to access, transmit,
37 receive and exchange usable information with other users.

38 (3) "Standard electronic format" means a format using open
39 electronic standards that: (A) Enable health information technology to
40 be used for the collection of clinically specific data; (B) promote the
41 interoperability of health care information across health care settings,
42 including reporting to local, state and federal agencies; and (C)
43 facilitate clinical decision support.

44 (b) The Commissioner of Social Services, in consultation with the
45 Health Information Technology Officer, shall (1) develop, throughout
46 the Departments of Developmental Services, Public Health, Correction,

47 Children and Families, Veterans' Affairs and Mental Health and
48 Addiction Services, uniform management information, uniform
49 statistical information, uniform terminology for similar facilities,
50 uniform electronic health information technology standards and
51 uniform regulations for the licensing of human services facilities, (2)
52 plan for increased participation of the private sector in the delivery of
53 human services, (3) provide direction and coordination to federally
54 funded programs in the human services agencies and recommend
55 uniform system improvements and reallocation of physical resources
56 and designation of a single responsibility across human services
57 agencies lines to eliminate duplication.

58 (c) The [Commissioner of Social Services] Health Information
59 Technology Officer, designated in accordance with section 501 of this
60 act, shall, in consultation with the Commissioner of Social Services and
61 the Health Information Technology Advisory Council, established
62 pursuant to section 17b-59f, as amended by this act, implement and
63 periodically revise the state-wide health information technology plan
64 established pursuant to this section and shall establish electronic data
65 standards to facilitate the development of integrated electronic health
66 information systems for use by health care providers and institutions
67 that receive state funding. Such electronic data standards shall: (1)
68 Include provisions relating to security, privacy, data content,
69 structures and format, vocabulary and transmission protocols; (2) limit
70 the use and dissemination of an individual's Social Security number
71 and require the encryption of any Social Security number provided by
72 an individual; (3) require privacy standards no less stringent than the
73 "Standards for Privacy of Individually Identifiable Health Information"
74 established under the Health Insurance Portability and Accountability
75 Act of 1996, P.L. 104-191, as amended from time to time, and contained
76 in 45 CFR 160, 164; (4) require that individually identifiable health
77 information be secure and that access to such information be traceable
78 by an electronic audit trail; (5) be compatible with any national data
79 standards in order to allow for interstate interoperability; (6) permit
80 the collection of health information in a standard electronic format;

81 and (7) be compatible with the requirements for an electronic health
82 information system.

83 (d) The [Commissioner of Social Services] Health Information
84 Technology Officer shall, within existing resources and in consultation
85 with the State Health Information Technology Advisory Council: (1)
86 Oversee the development and implementation of the State-wide
87 Health Information Exchange in conformance with section 17b-59d, as
88 amended by this act; (2) coordinate the state's health information
89 technology and health information exchange efforts to ensure
90 consistent and collaborative cross-agency planning and
91 implementation; and (3) serve as the state liaison to, and work
92 collaboratively with, the State-wide Health Information Exchange
93 established pursuant to section 17b-59d, as amended by this act, to
94 ensure consistency between the state-wide health information
95 technology plan and the State-wide Health Information Exchange and
96 to support the state's health information technology and exchange
97 goals.

98 (e) The state-wide health information technology plan, implemented
99 and periodically revised pursuant to subsection (c) of this section, shall
100 enhance interoperability to support optimal health outcomes and
101 include, but not be limited to (1) general standards and protocols for
102 health information exchange, and (2) national data standards to
103 support secure data exchange data standards to facilitate the
104 development of a state-wide, integrated electronic health information
105 system for use by health care providers and institutions that are
106 licensed by the state. Such electronic data standards shall (A) include
107 provisions relating to security, privacy, data content, structures and
108 format, vocabulary and transmission protocols, (B) be compatible with
109 any national data standards in order to allow for interstate
110 interoperability, (C) permit the collection of health information in a
111 standard electronic format, and (D) be compatible with the
112 requirements for an electronic health information system.

113 (f) Not later than February 1, [2016] 2017, and annually thereafter,

114 the [Commissioner of Social Services] Health Information Technology
115 Officer, in consultation with the State Health Information Technology
116 Advisory Council, shall report in accordance with the provisions of
117 section 11-4a to the joint standing committees of the General Assembly
118 having cognizance of matters relating to human services and public
119 health concerning: (1) The development and implementation of the
120 state-wide health information technology plan and data standards,
121 established and implemented by the [Commissioner of Social Services]
122 Health Information Technology Officer pursuant to this section; (2) the
123 establishment of the State-wide Health Information Exchange; and (3)
124 recommendations for policy, regulatory and legislative changes and
125 other initiatives to promote the state's health information technology
126 and exchange goals.

127 Sec. 503. Section 17b-59d of the 2016 supplement to the general
128 statutes is repealed and the following is substituted in lieu thereof
129 (*Effective from passage*):

130 (a) There shall be established a State-wide Health Information
131 Exchange to empower consumers to make effective health care
132 decisions, promote patient-centered care, improve the quality, safety
133 and value of health care, reduce waste and duplication of services,
134 support clinical decision-making, keep confidential health information
135 secure and make progress toward the state's public health goals.

136 (b) It shall be the goal of the State-wide Health Information
137 Exchange to: (1) Allow real-time, secure access to patient health
138 information and complete medical records across all health care
139 provider settings; (2) provide patients with secure electronic access to
140 their health information; (3) allow voluntary participation by patients
141 to access their health information at no cost; (4) support care
142 coordination through real-time alerts and timely access to clinical
143 information; (5) reduce costs associated with preventable
144 readmissions, duplicative testing and medical errors; (6) promote the
145 highest level of interoperability; (7) meet all state and federal privacy
146 and security requirements; (8) support public health reporting, quality

147 improvement, academic research and health care delivery and
148 payment reform through data aggregation and analytics; (9) support
149 population health analytics; (10) be standards-based; and (11) provide
150 for broad local governance that (A) includes stakeholders, including,
151 but not limited to, representatives of the Department of Social Services,
152 hospitals, physicians, behavioral health care providers, long-term care
153 providers, health insurers, employers, patients and academic or
154 medical research institutions, and (B) is committed to the successful
155 development and implementation of the State-wide Health
156 Information Exchange.

157 (c) All contracts or agreements entered into by or on behalf of the
158 state relating to health information technology or the exchange of
159 health information shall be consistent with the goals articulated in
160 subsection (b) of this section and shall utilize contractors, vendors and
161 other partners with a demonstrated commitment to such goals.

162 (d) (1) The [Commissioner of Social Services] Health Information
163 Technology Officer, designated in accordance with section 501 of this
164 act, in consultation with the Secretary of the Office of Policy and
165 Management and the State Health Information Technology Advisory
166 Council, established pursuant to section 17b-59f, as amended by this
167 act, shall, upon the approval by the State Bond Commission of bond
168 funds authorized by the General Assembly for the purposes of
169 establishing a State-wide Health Information Exchange, develop and
170 issue a request for proposals for the development, management and
171 operation of the State-wide Health Information Exchange. Such
172 request shall promote the reuse of any and all enterprise health
173 information technology assets, such as the existing Provider Directory,
174 Enterprise Master Person Index, Direct Secure Messaging Health
175 Information Service provider infrastructure, analytic capabilities and
176 tools that exist in the state or are in the process of being deployed. Any
177 enterprise health information exchange technology assets purchased
178 after the effective date of this section and prior to the implementation
179 of the State-wide Health Information Exchange shall be capable of
180 interoperability with a State-wide Health Information Exchange.

181 (2) Such request for proposals may require an eligible organization
182 responding to the request to: (A) Have not less than three years of
183 experience operating either a state-wide health information exchange
184 in any state or a regional exchange serving a population of not less
185 than one million that (i) enables the exchange of patient health
186 information among health care providers, patients and other
187 authorized users without regard to location, source of payment or
188 technology, (ii) includes, with proper consent, behavioral health and
189 substance abuse treatment information, (iii) supports transitions of
190 care and care coordination through real-time health care provider
191 alerts and access to clinical information, (iv) allows health information
192 to follow each patient, (v) allows patients to access and manage their
193 health data, and (vi) has demonstrated success in reducing costs
194 associated with preventable readmissions, duplicative testing or
195 medical errors; (B) be committed to, and demonstrate, a high level of
196 transparency in its governance, decision-making and operations; (C) be
197 capable of providing consulting to ensure effective governance; (D) be
198 regulated or administratively overseen by a state government agency;
199 and (E) have sufficient staff and appropriate expertise and experience
200 to carry out the administrative, operational and financial
201 responsibilities of the State-wide Health Information Exchange.

202 (e) Notwithstanding the provisions of subsection (d) of this section,
203 if, on or before January 1, 2016, the Commissioner of Social Services, in
204 consultation with the State Health Information Technology Advisory
205 Council, established pursuant to section 17b-59f, as amended by this
206 act, submits a plan to the Secretary of the Office of Policy and
207 Management for the establishment of a State-wide Health Information
208 Exchange consistent with subsections (a), (b) and (c) of this section,
209 and such plan is approved by the secretary, the commissioner may
210 implement such plan and enter into any contracts or agreements to
211 implement such plan.

212 (f) The [Department of Social Services] Health Information
213 Technology Officer shall have administrative authority over the State-
214 wide Health Information Exchange.

215 Sec. 504. Section 17b-59f of the 2016 supplement to the general
216 statutes is repealed and the following is substituted in lieu thereof
217 (*Effective from passage*):

218 (a) There shall be a State Health Information Technology Advisory
219 Council to advise the [Commissioner of Social Services] Health
220 Information Technology Officer, designated in accordance with section
221 501 of this act, in developing priorities and policy recommendations
222 for advancing the state's health information technology and health
223 information exchange efforts and goals and to advise the
224 [commissioner] Health Information Technology Officer in the
225 development and implementation of the state-wide health information
226 technology plan and standards and the State-wide Health Information
227 Exchange, established pursuant to section 17b-59d, as amended by this
228 act. The advisory council shall also advise the [commissioner] Health
229 Information Technology Officer regarding the development of
230 appropriate governance, oversight and accountability measures to
231 ensure success in achieving the state's health information technology
232 and exchange goals.

233 (b) The council shall consist of the following members:

234 (1) The Health Information Technology Officer, appointed in
235 accordance with section 501 of this act, or the Health Information
236 Technology Officer's designee;

237 [(1)] (2) The Commissioners of Social Services, Mental Health and
238 Addiction Services, Children and Families, Correction, Public Health
239 and Developmental Services, or the commissioners' designees;

240 [(2)] (3) The Chief Information Officer of the state, or the Chief
241 Information Officer's designee;

242 [(3)] (4) The chief executive officer of the Connecticut Health
243 Insurance Exchange, or the chief executive officer's designee;

244 [(4)] (5) The director of the state innovation model initiative

245 program management office, or the director's designee;

246 [(5)] (6) The chief information officer of The University of
247 Connecticut Health Center, or said chief information officer's designee;

248 [(6)] (7) The Healthcare Advocate, or the Healthcare Advocate's
249 designee;

250 [(7)] (8) Five members appointed by the Governor, one each of
251 whom shall be (A) a representative of a health system that includes
252 more than one hospital, (B) a representative of the health insurance
253 industry, (C) an expert in health information technology, (D) a health
254 care consumer or consumer advocate, and (E) a current or former
255 employee or trustee of a plan established pursuant to subdivision (5) of
256 subsection (c) of 29 USC 186;

257 [(8) Two] (9) Three members appointed by the president pro
258 tempore of the Senate, one each who shall be (A) a representative of a
259 federally qualified health center, [and] (B) a provider of behavioral
260 health services, and (C) a representative of the Connecticut State
261 Medical Society;

262 [(9) Two] (10) Three members appointed by the speaker of the
263 House of Representatives, one each who shall be (A) a [representative
264 of an outpatient surgical facility, and] technology expert who
265 represents a hospital system, as defined in section 19a-486i, (B) a
266 provider of home health care services, and (C) a health care consumer
267 or a health care consumer advocate;

268 [(10)] (11) One member appointed by the majority leader of the
269 Senate, who shall be a representative of an independent community
270 hospital;

271 [(11)] (12) One member appointed by the majority leader of the
272 House of Representatives, who shall be a physician who provides
273 services in a multispecialty group and who is not employed by a
274 hospital;

275 [(12)] (13) One member appointed by the minority leader of the
276 Senate, who shall be a primary care physician who provides services in
277 a small independent practice;

278 [(13)] (14) One member appointed by the minority leader of the
279 House of Representatives, who shall be an expert in health care
280 analytics and quality analysis;

281 [(14)] (15) The president pro tempore of the Senate, or the
282 president's designee;

283 [(15)] (16) The speaker of the House of Representatives, or the
284 speaker's designee;

285 [(16)] (17) The minority leader of the Senate, or the minority leader's
286 designee; and

287 [(17)] (18) The minority leader of the House of Representatives, or
288 the minority leader's designee.

289 (c) Any member appointed or designated under subdivisions [(8)]
290 (9) to [(17)] (18), inclusive, of subsection [(c)] (b) of this section may be
291 a member of the General Assembly.

292 (d) [All appointments to the council shall be made not later than
293 August 1, 2015. The Commissioner of Social Services shall schedule the
294 first meeting of the council, which shall be held not later than
295 September 1, 2015. The Commissioner of Social Services] The Health
296 Information Technology Officer, appointed in accordance with section
297 501 of this act, shall serve as a chairperson of the council. The council
298 shall elect a second chairperson from among its members, who shall
299 not be a state official. [The council shall meet not less than three times
300 prior to January 1, 2016.] The terms of the members shall be
301 coterminous with the terms of the appointing authority for each
302 member and subject to the provisions of section 4-1a. If any vacancy
303 occurs on the council, the appointing authority having the power to
304 make the appointment under the provisions of this section and shall

305 appoint a person in accordance with the provisions of this section. A
306 majority of the members of the council shall constitute a quorum.
307 Members of the council shall serve without compensation, but shall be
308 reimbursed for all reasonable expenses incurred in the performance of
309 their duties.

310 (e) Prior to submitting any application, proposal, planning
311 document or other request seeking federal grants, matching funds or
312 other federal support for health information technology or health
313 information exchange, the Health Information Technology Officer or
314 the Commissioner of Social Services shall present such application,
315 proposal, document or other request to the council for review and
316 comment."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	<i>from passage</i>	New section
Sec. 502	<i>from passage</i>	17b-59a
Sec. 503	<i>from passage</i>	17b-59d
Sec. 504	<i>from passage</i>	17b-59f